



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E272935**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION ☐

CASE #	13-02416
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

M	M	B	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	CITY #
DATE OF COLLISION	09	-	26	-	2013			2230	31				0664	

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒

FRONTIER CIRCLE EAST BLOCK NO. ☒ 1000

DISTANCE 90 00 MILES ☐ N ☒ E ☐ S ☒ W OF (REFERENCE OR CROSS STREET) 10TH ST NE

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4253372620
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LAST NAME	BURKE	FIRST NAME	DONNA	MIDDLE INITIAL	M
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STREET NEW ADDRESS	12108 FREEWAY PL
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CITY	EVERETT	ST	WA	ZIP	982085854
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CDL	RESTRICTIONS	B	ENDORSEMENTS	
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DRIVER'S LICENSE #	BURKEDM647ND	STATE	WA	SEX	F	D.O.B.	08	04	1936
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ON DUTY	STATUS	AIRBAG	3	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	7	NATURE OF INJURIES	FINGER SPRAIN
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LICENSE PLATE #	ACT0705	STATE	WA	VIN#	JF1GF2357RK840137
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	1994	MAKE	SUBA	MODEL	IMPSW	STYLE	SW	VEHICLE TOWED	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	UNKNOWN-PRIVATE	GOVT. VEHICLE	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. DONNA BURKE 12108 FREEWAY PL EVERETT WA 98208 D: 4253372620

LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	PROGRESSIVE 71000416
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VEHICLE LEGALLY STANDING	YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	UNKNOWN	FIRST NAME		MIDDLE INITIAL	
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STREET NEW ADDRESS	
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CITY		ST		ZIP	
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #		STATE		SEX	U	D.O.B.			
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ON DUTY	STATUS	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	484VZK	STATE	WA	VIN#	1GNEV16K4KF145202
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	1989	MAKE	CHEV	MODEL	SUBURB	STYLE	SW	VEHICLE TOWED	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. KARAN MORAN 9019 10TH ST NE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT	<input type="checkbox"/>	INSURANCE CO & POLICY #	
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VEHICLE LEGALLY STANDING	YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	W. AUKERMAN	BADGE OR ID #	72	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E272935**

CASE # **13-02416**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)																			
NAME (LAST, FIRST, MIDDLE INITIAL)		MARTINEZ JOSE L																	
ADDRESS & PHONE # 8931 12TH ST NE LAKE STEVENS WA 98258 4253977616						SEX M	D.O.B. MMDDYYYY 06	-	22	-	1964								
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #						SEX	D.O.B. MMDDYYYY	-		-									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #						SEX	D.O.B. MMDDYYYY	-		-									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	

NARRATIVE

On 09/26/2013 at about 2232 hours (all times approximate) I was radio dispatched to a vehilce collision (one vehicle into a parked vehicle) in the 1000 block of Frontier Circle East in the city of Lake Stevens.

Arriving on scene I spoke with the driver of U-1 who told me she had been traveling southbound on Frontier Circle East when she moved to the right for an approaching northbound vehicle. The driver of U-1 failed to see the parked vehicle (U-2) on the southbound shoulder of Frontier Circle East. U-1 collided into the back of U-2 (which was legally parked and unoccupied). The airbags in U-1 deployed and the driver stated she had been wearing her seatbelt at the time of the collision. Damage to U-1 was extensive to the front-vehicle being towed from the scene.

I contacted the owner of U-2 who informed me that U-2 was not currently insured. Damage to U-2 appeared to be the rear bumper.

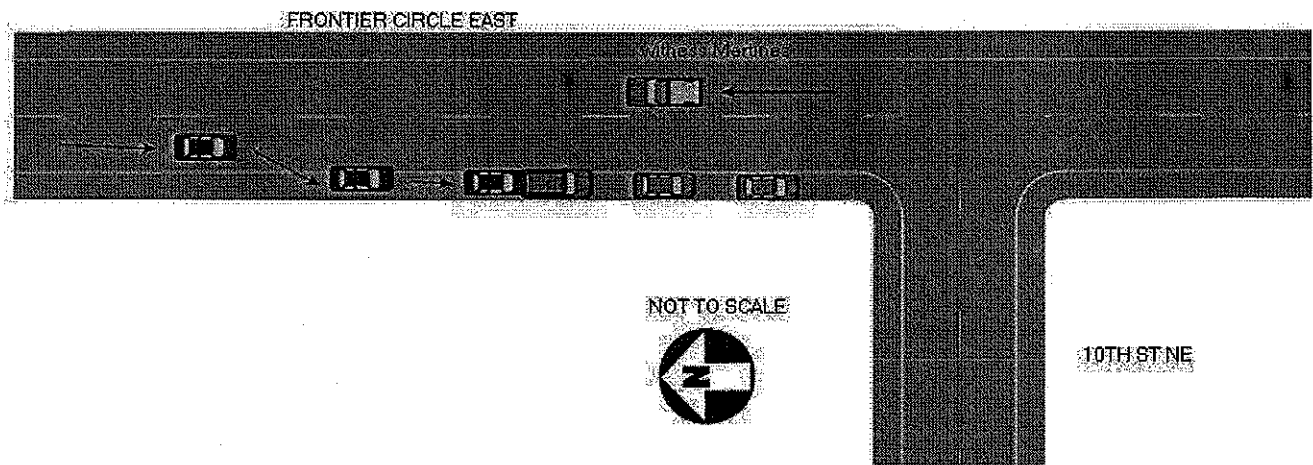
I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

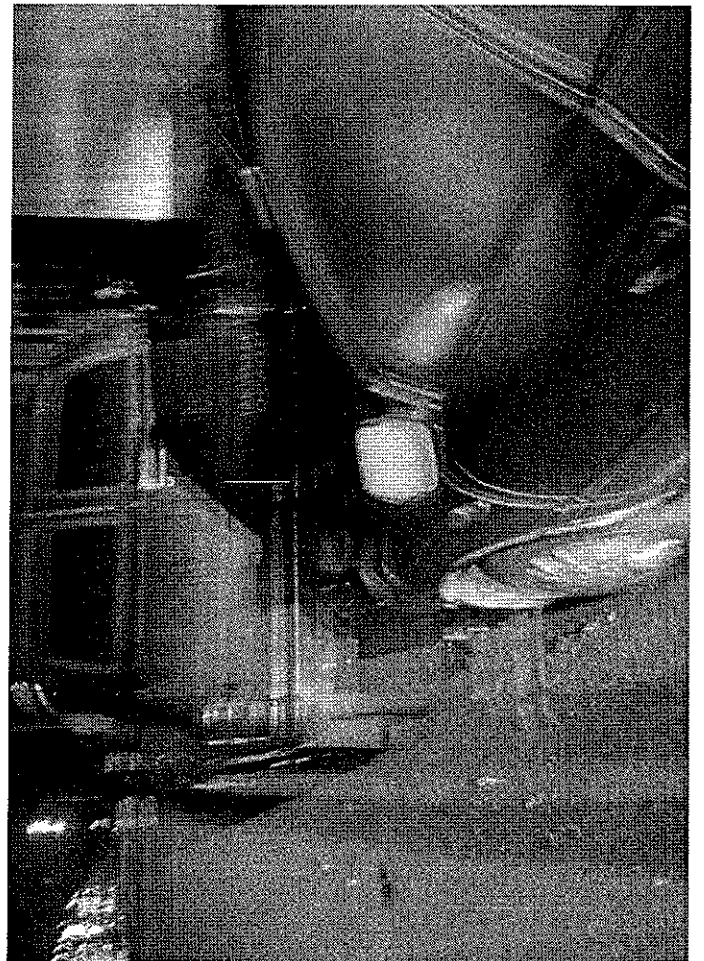
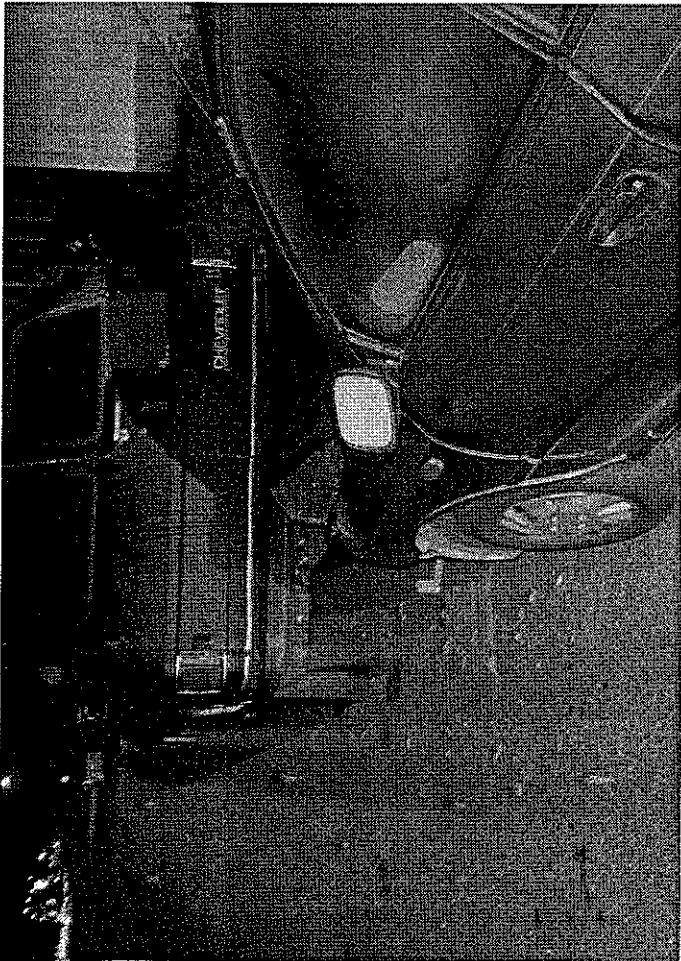
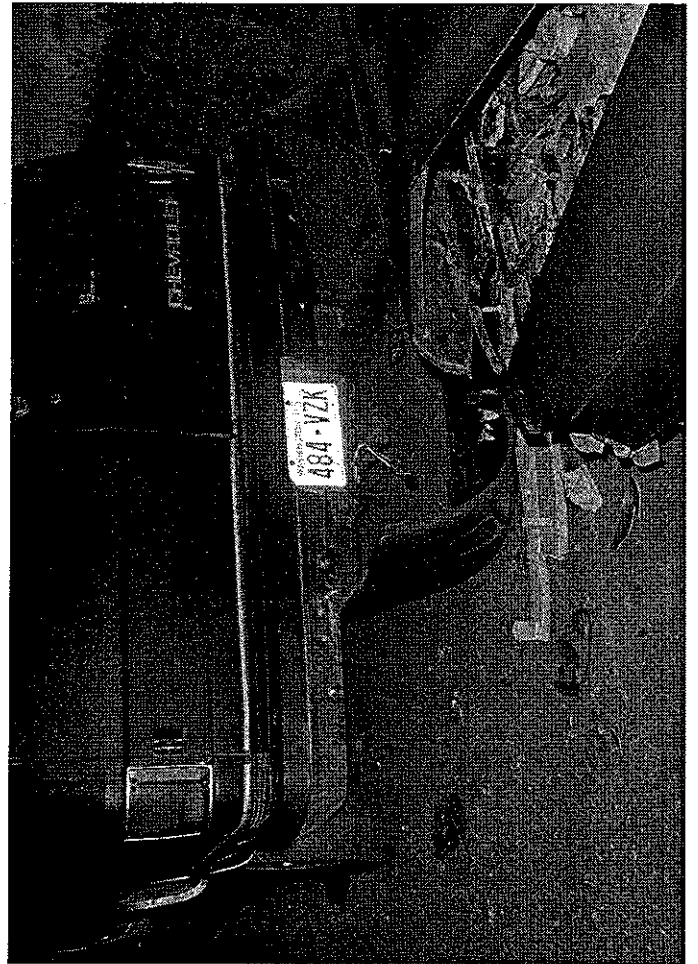
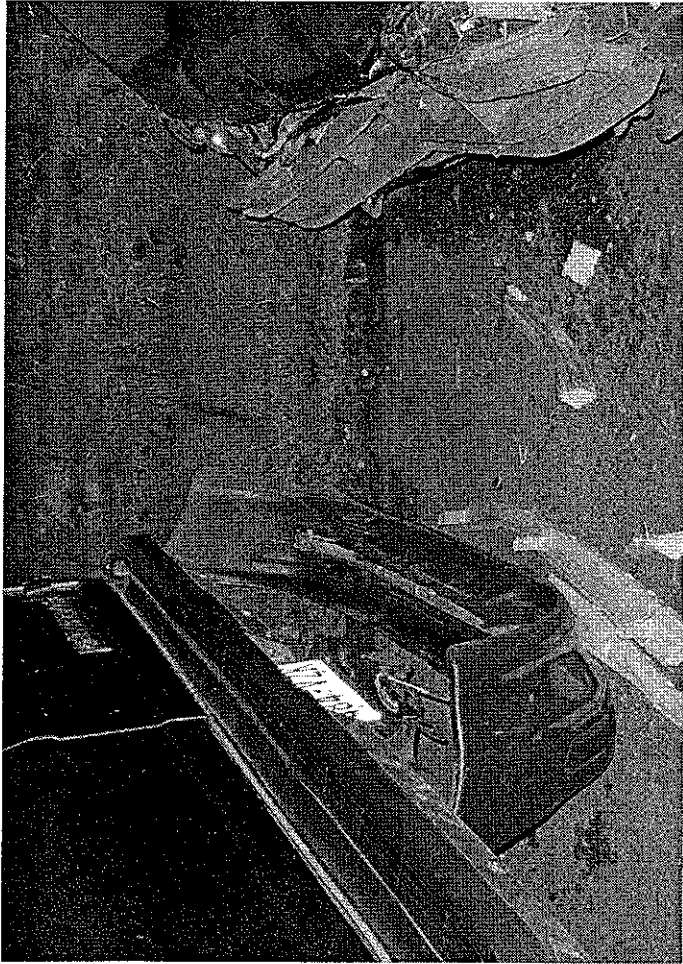
W. AUKERMAN		09-27-13 03:18 AM	
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET	PLACE SIGNED
APPROVED BY JULIE JAMISON 097		DATE 9/27/2013 3:41:03 AM	
BADGE OR ID # 72	ORI # WA0311900	TIME POLICE DISPATCHED 10:32 PM	TIME POLICE ARRIVED 10:41 PM

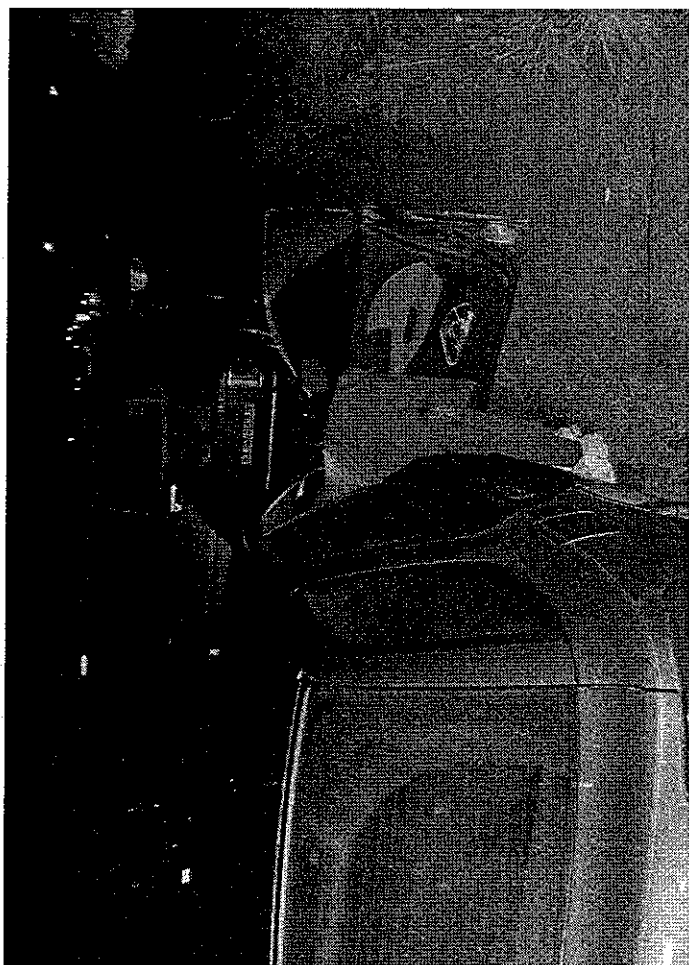
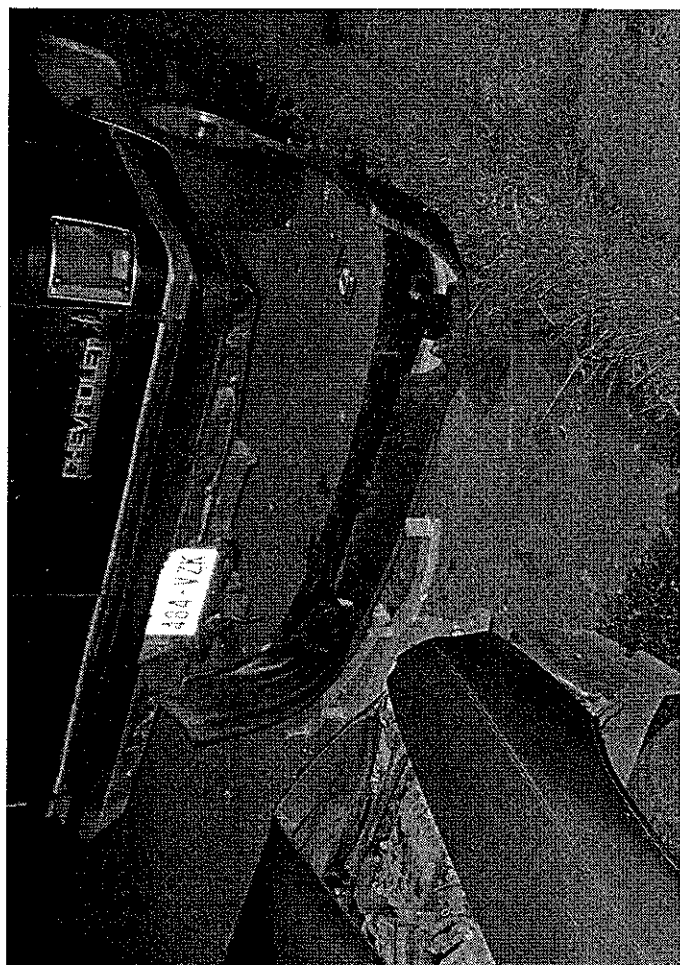
REPORT NO. E272935

CASE # 13-02416

DATE AND TIME
OF COLLISION 09/26/13 22:30









LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number <i>AUERMAN #72</i>		Case Number <i>13-02416</i>	
Type of Crime: Felony Misdemeanor <u>(Circle)</u>		Type of Case: <i>COLLISION</i>		Date/Time: <i>9-27-2013</i>	
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification			
Item # <i>1</i>	Item <i>CD-R</i>		Brand Name <i>STARAS</i>		Storage Location
Action # <i>3</i>	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found <i>1000 FRANKLIN CIR NW EAST</i>	Weight of Narcotic		
Owner's Name		Address		City	State
				Zip	Phone #
Owner Signature/Other remarks /additional information/ special instructions <i>FILE</i>					Barcode goes here
Item #	Item		Brand Name		Storage Location
Action #	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name		Address		City	State
				Zip	Phone #
Owner Signature/Other remarks /additional information/ special instructions					Barcode goes here
Item #	Item		Brand Name		Storage Location
Action #	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name		Address		City	State
				Zip	Phone #
Owner Signature/Other remarks /additional information/ special instructions					Barcode goes here
Item #	Item		Brand Name		Storage Location
Action #	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name		Address		City	State
				Zip	Phone #
Owner Signature/Other remarks /additional information/ special instructions					Barcode goes here
Item #	Item		Brand Name		Storage Location
Action #	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name		Address		City	State
				Zip	Phone #
Owner Signature/Other remarks /additional information/ special instructions					Barcode goes here
Item #	Item		Brand Name		Storage Location
Action #	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name		Address		City	State
				Zip	Phone #
Owner Signature/Other remarks /additional information/ special instructions					Barcode goes here

Evidence Control Use Only:

Received by Evidence:	NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING:
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File

Incident History for: #SS13021525

Case Numbers: \$SS13002416

Received 09/26/13 22:30:59 BY SPCT08 SP0364
Entered 09/26/13 22:32:26 BY SPCT08 SP0364
Dispatched 09/26/13 22:32:40 BY SPDP17 SP0367
Enroute 09/26/13 22:32:40
Onscene 09/26/13 22:41:08
Closed 09/27/13 00:25:29

Initial Type: ACC Initial Alarm Level: Final Alarm Level:
Final Type: ACC (ACCIDENT, NON-INJURY OR UNKNOWN) Pri: 2 Dispo: H
Police BLK: SS002 Fire BLK: AG1518 Map Page: 377E-7 Group: SS1 Beat: WEST
Src: 9

Loc: 10 ST NE/FRONTIER CI E, LKS (V)
Latitude: (+) 48.007014 Longitude: (-) 122.108381

Loc Info:

Name: MARTINEZ JOSE Addr: Phone: 4253300206

/2232 (SP0364) ENTRY , AC, PARKED BLK PU VS BLU PC, NONINJ/NONBLK
/2232 (SP0367) DISPER SS1930 #SS72 AUKERMAN, OFFICER (WAYNE)
/2241 (SS72) *ONSCNE SS1930
/2248 REMINQ SS1930 MDTVEH, 484VZK, , WA, , , , , , , , , ,
/2248 REMINQ SS1930 MDTWANT, , , , , , WA, MORANKE366QG, , , , , , , , , ,
/2249 REMINQ SS1930 MDTVEH, ACT0705, , WA, , , , , , , , , ,
/2249 REMINQ SS1930 MDTWANT, , , , , , WA, BURKEDM647ND, , , , , , , , , ,
/2252 (SP0367) ASNCAS SS1930 \$SS13002416
*** New Date: 09/27/13 ***
/0000 (SS72) *MISC SS1930 , 425-508-3869 K AND R TOWING
/0023 *MISC SS1930 , TOW ON SCENE
/0025 *CLEAR SS1930 D/H
/0025 CLOSE SS1930